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CONFIRMATION NO. 6676

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FI03/00528 06/30/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FINLAND 2002275 06/28/2002  
 FINLAND 20030564 04/14/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

02292

**TITLE**

Therapeutic compositions for use in prophylaxis or treatment of diarrheas

<b>FILING FEE RECEIVED</b> 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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